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Official Public Records

Tarrant County Texas

3/7/2011 2:32 PM

D211054054

AMENDMENT, EXTENSION, RATIFICATION & REVIVOR OF OIL AND GAS LEASE

STATE OF TEXAS

KNOW ALL MEN BY THESE PRESENTS

COUNTY OF Tarrant

WHEREAS, a certain Oil and Gas Lease dated 5/1/2007 was executed by and between EDUARDO & MARTHA ARIZPE, as Lessor, and WESTERN PRODUCTION COMPANY, as Lessee; the Oil and Gas Lease and/or Memorandum of Oil and Gas Lease being recorded in Instrument No. D209152652 of the official public records of Tarrant County, Texas, ("the Lease"), covering the following described lands:

LOTS 2 & 3, BLOCK 22, ROBERTSON-HUNTER ADDITION

WHEREAS, it is the intent of the parties hereto, that any and all lands covered under said lease are subject to the terms of this agreement, whether or not specifically described herein; and

WHEREAS, the Lease has expired and prior to the expiration of said lease, the working interest thereunto appertaining was owned of record by Chesapeake Exploration, LLC (a/k/a Chesapeake Exploration Limited Partnership) and Total E&P USA., Inc., and it is now the desire of Lessor to adopt, ratify, revive, confirm and extend said Lease;

NOW, THEREFORE, for good and valuable consideration in hand paid to the undersigned by Chesapeake Exploration, LLC (a/k/a Chesapeake Exploration Limited Partnership) and Total E&P USA., Inc. the receipt and sufficiency of which is hereby acknowledged; the undersigned do hereby amend the Lease to allow and provide for an extension of the Lease for an additional term of three (3) years, being until 5/1/2013 and for as long thereafter as oil or gas, or either of them, is produced from said land or lands pooled therewith and as long thereafter as producing and the undersigned does hereby specifically adopt, ratify, revive, confirm and extend said lease in all of its terms and provisions and do hereby demise, lease and let said premises unto Chesapeake Exploration, LLC (a/k/a Chesapeake Exploration Limited Partnership) and Total E&P USA., Inc. its successors and assigns, subject to and in accordance herewith, and do hereby declare and agree that the said Lease in all of its provisions is binding, and that the same is a valid and subsisting Oil and Gas Lease.

FURTHER, the provisions hereof shall be binding upon the parties hereto, their respective heirs, legatees, devisees, personal representatives, successors and assigns.

EXECUTED this 03 day of Dec, 2010.

LESSOR:
EDUARDO & MARTHA ARIZPE

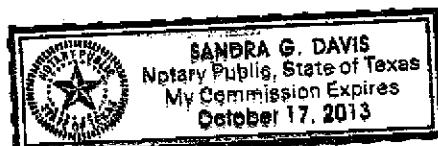
ACKNOWLEDGEMENTTHE STATE OF TEXAS

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COUNTY OF TARRANT

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This instrument was acknowledged before me on this the 3 day of DEC, 2010, by MARTHA A. ARIZPE
as _____ of _____.



STATE OF TEXAS
CERTIFICATION OF VITAL RECORD

**DEPARTMENT OF STATE HEALTH SERVICES
VITAL STATISTICS UNIT**

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

NOV 19 2010

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER 142-10-139265

1. LEGAL NAME OF DECEASED: EDUARDO ARIZPE, JR.		2. DATE OF DEATH: NOV 18, 2010		3. PLACE OF DEATH: HOSPITAL		4. DEATH CERTIFYING PHYSICIAN: DR. JAMES S. COOPER		5. DATE OF DEATH CERTIFICATION: NOV 19, 2010		6. DEATH CERTIFYING PHYSICIAN'S SIGNATURE	
EDUARDO ARIZPE		11/18/2010		HOSPITAL		DR. JAMES S. COOPER		NOV 19, 2010		MARION TX	
3. SEX: MALE		4. DATE OF BIRTH: 04/25/1932		5. AGE AT DEATH: 78		6. MANNER OF DEATH: NATURAL		7. TIME OF DEATH: 11:45 AM		8. SURVIVING SPOUSE'S NAME & MARRIAGE NAME prior to marriage:	
										MARTHA SUE CLARK	
9. SOCIAL SECURITY NUMBER: 425-46-0002		10. MARITAL STATUS AT TIME OF DEATH: Married		11. DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/>		12. MOTHER'S NAME PRIOR TO MARRIAGE: PETRA SOTO		13. PLACE OF DEATH (CHECK ONLY ONE):		14. DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/>	
										<input type="checkbox"/> Hospital <input type="checkbox"/> Doctor's Home <input checked="" type="checkbox"/> Death at Home <input type="checkbox"/> Other (Specify)	
15. RESIDENCE STREET ADDRESS: 1650 VEAL STATION ROAD		16. CITY, STATE: PARKER, TX		17. ZIP CODE: 76085		18. COUNTY: PARKER		19. INSIDE CITY LIMITS: <input type="checkbox"/>		20. COUNTRY OR DEATH: TARRANT	
										1650 VEAL STATION ROAD, FORT WORTH, TX 76132	
21. FATHER'S NAME: MIGUEL ARIZPE		22. MOTHER'S NAME: MARTHA ARIZPE		23. INFORMANT'S NAME & RELATIONSHIP TO DECEASED: MARTHA ARIZPE, WIFE		24. MAILING ADDRESS OF INFORMANT: 1650 VEAL STATION ROAD, FORT WORTH, TX 76132		25. PLACE OF DISPOSITION: SPRINGTOWN CEMETERY		26. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON AGING AS SUCH: DAIN B. FEELY, BY ELECTRONIC SIGNATURE - 112200	
										DAIN B. FEELY, BY ELECTRONIC SIGNATURE - 112200	
27. PLACE OF DISPOSITION (name of cemetery, crematory, other place): SPRINGTOWN CEMETERY		28. LOCATION OF FUNERAL FACILITY: SPRINGTOWN		29. NAME AND ADDRESS OF FUNERAL FACILITY: WHITE'S FUNERAL HOMES, INC. - SPRINGTOWN		30. DATE OF DEATH: NOV 18, 2010		31. CAUSE OF DEATH: METASTATIC NON-SMALL CELL CARCINOMA OF THE LUNG		32. SIGNATURE OF CERTIFIER: SUSAN WEATHERS, BY ELECTRONIC SIGNATURE	
										SUSAN WEATHERS, BY ELECTRONIC SIGNATURE	
33. PAINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code):		34. TITLE OF CERTIFIER: DOCTOR		35. PART I: ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR CONDITIONS WHICH DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY FAILURE, VERTEBRALE FRACTURE, ETC. WITHOUT SECURING THE PHYSICAL. DO NOT ABREVIATE. ENTER ONLY ONE CAUSE OF DEATH.		36. APPROXIMATE INTERVAL OF DEATH: Close to death		37. IMMEDIATE CAUSE / Final disease or condition resulting in death: METASTATIC NON-SMALL CELL CARCINOMA OF THE LUNG		38. DURATION OF DEATH: 1 YEAR	
										Close to death	
39. CAUSE OF DEATH: Susceptible to chemotherapy, radiosensitization, immunotherapy, or other medical intervention Underlying cause: Susceptible to chemotherapy, radiosensitization, immunotherapy, or other medical intervention Initiated the year preceding in death LAST		40. DUE TO: Disease or consequence of:		41. DUE TO: Disease or consequence of:		42. DUE TO: Disease or consequence of:		43. DUE TO: Disease or consequence of:		44. DUE TO: Disease or consequence of:	
45. ENTER OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH: NO		46. WAS AN AUTOPSY PERFORMED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		48. MANNER OF DEATH: Natural		49. DEATH CERTIFYING PHYSICIAN'S SIGNATURE:		50. DATE OF DEATH CERTIFICATION: NOV 19, 2010	
51. MANNER OF DEATH: Natural		52. DEATH CERTIFYING PHYSICIAN'S SIGNATURE: DR. JAMES S. COOPER		53. DEATH CERTIFYING PHYSICIAN'S SIGNATURE: DR. JAMES S. COOPER		54. DATE OF DEATH CERTIFICATION: NOV 19, 2010		55. DEATH CERTIFYING PHYSICIAN'S SIGNATURE: DR. JAMES S. COOPER		56. DATE OF DEATH CERTIFICATION: NOV 19, 2010	
57. DATE OF DEATH CERTIFICATION: NOV 19, 2010		58. LOCATION (Street and Number, City, State, Zip Code):		59. COUNTY OF INJURY: TARRANT		60. DATE OF INJURY: NOV 18, 2010		61. INJURY: ACCIDENT		62. DATE OF INJURY: NOV 18, 2010	
63. REGISTERED NO.: 067083		64. REGISTERED NO.: 067083		65. REGISTERED NO.: 067083		66. REGISTERED NO.: 067083		67. REGISTERED NO.: 067083		68. REGISTERED NO.: 067083	
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69. ISSUED: NOV 22, 2010		70. ISSUED: NOV 22, 2010		71. ISSUED: NOV 22, 2010		72. ISSUED: NOV 22, 2010		73. ISSUED: NOV 22, 2010		74. ISSUED: NOV 22, 2010	
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